

EXPENDITURE REPORT
Community Aids Reporting System
Income Maintenance Programs

State of Wisconsin
Department of Workforce Development
Administrative Services Division

INSTRUCTIONS: 1. Report expenses in whole dollars. 2. See Contract for current Agency Number and Agency Type.	Agency Number	Agency Name		STATE USE ONLY
	Agency Type 174	Agency Contact		Date Entered in CARS
	Report Period (mm/yy) /	Phone Number		Operator Initials
FINAL REPORT <input type="checkbox"/>				
PROFILE NAME	PROFILE NUMBER	CURRENT NET EXPENDITURES	CONTRACT-TO-DATE NET EXPENDITURES	COMMENTS
ALLOCATED EXPENDITURES				
IM SUB-ALLOCATED	76			
DIRECT CHARGED EXPENDITURES				
W2-FUNERAL	123			
W2-CEMETERY	124			
NON-W2 FUNERAL/CEMETERY	126			
MEDICAID TRANSPORTATION	131			
REGIONAL TRAINING - FACILITIES	221			
REGIONAL TRAINING - STAFF	222			
MA SUBROGATION COLLECTION	291			
AFDC/W2 SUBROGATION COLLECT	292			
AFDC/W2 ESTATE COLLECTIONS	293			
PROGRAM INTEGRITY – AMSO	747			
PROGRAM INTEGRITY - ADMIN	748			
PROGRAM INTEGRITY - PREVENT	749			
CC – SAFE CHILD INITIATIVE	845			
CHILD CARE ADMIN	850			
CHILD CARE PROGRAM OPERATION	851			
CHILD CARE BENEFIT-W2	854			
CHILD CARE BENEFIT-FSET	855			
MEDICAL REFUNDS	909			
LOCALLY MATCHED CCDF	521037*			*ends 9/30/01
LOCALLY MATCHED CCDF ADMIN	521039*			*ends 9/30/01
TOTAL REIMBURS. EXPENDITURES				

I certify that the expense and revenue identified here claiming federal and state reimbursement pursuant to section 46.495 are true and correct in the amounts stated, have not been reimbursed previously, and represent actual and necessary costs of administering provisions of the contract.

SIGNATURE - Treasurer or Financial Manager	Date Signed
SIGNATURE - Administrator	Date Signed
Send Original to: DWD/CARS Unit, P.O. Box 7946, Madison, WI 53707-7946 Retain One Copy for Agency Records	